

PY 2020 CDBG SUB RECIPIENT INTAKE SHEET

I. General Info	ormation	1								
Date:										
Gender: Male Female	e 🗆									
Female Head of Househ	old? □									
Number of Persons in H	ousehold	l:								
Total Annual Household										
II. Racial Characteristics (Must Select One)										
Single Race				Multi Race						
□White	□American Indian/Alaskan Native & White									
□Black	□Asian & White									
□Asian	Asian				□Black/African American & White					
□Amer. Indian/Alaskan	□Amer. Indian/Alaskan Native & Black/African Amer.									
☐ Also Hispanic? (NOT	E: Per H	UD, if you	do not iden	tify your ra	cial backgr	ound as bel	onging to a	ny of the		
race groups above, check "White" and indicate here also if you are of Hispanic Ethnic background.)										
III. Household I	ncome									
Based on the household above, circle one from the income, with the household	he curren	t income li	mits belowes yours.							
Household Size/	1	2	3	4	5	6	7	8		
Income Group	1	2	3	4	3	U	/	0		
30%	13,900	15,900	17,900	19,850	21,450	23,050	24,650	26,250		
Low	23,150	26,450	29,750	33,050	35,700	38,350	41,000	43,650		
60%	27,780	31,740	35,700	39,660	42,840	46,020	49,200	52,380		
Moderate	37,050	42,350	47,650	52,900	57,150	61,400	65,600	69,850		
IV. Certification	1									
Applicant Self-Certify				Agency Certify						
l,, hereby certify that				l,	I,, hereby certify that I					
·					have verified the household information above and that					
the best of my knowledge. I understand that I will be held					the applicant is eligible for services. I understand that I					
accountable for providing false information, w					ld accountal	ole for provi	ding false inf	ormation,		
Applicant Signature		 Date		Agency Si	gnature		 Date			